

# CLAIMS ONLY

Application Number

1556727

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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49						
50						
Total Indep						
Total Depend						
Total Claims						

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						

Total Indep: 2  
 Total Depend: 6  
 Total Claims: 8

Total Indep:   
 Total Depend:   
 Total Claims: